INSTRUCTIONS FOR TESTING
ASC X12N 837 DENTAL CLAIMS TRANSACTIONS

Currently, the MDCH accepts electronic claims for dental services rendered to Medicaid clients using an old, proprietary format. As of October 1, 2003, MDCH will retire that format. At that time, all electronic claims for dental services must be submitted using the **ASC X12N 837 Dental version 4010 Addenda (837D v4010A1)** format.

While we will continue to accept submission of paper claims using the ADA 2000 claim format for the immediate future, we strongly encourage all of our providers currently submitting paper claims to convert to electronic claims submission as soon as possible. Electronic claims provide more efficient and more accurate processing, resulting in faster payments to our providers.

To communicate electronically with MDCH, you must first obtain an electronic submitter Identification Number and password from the MDCH Automated Billing Unit. For general instructions on how to obtain those, please refer to the MDCH Electronic Submission Manual, which can be found on the web at www.michigan.gov/mdch. Once you have reached the web site, click "Providers" at the left side of the screen, then "HIPAA Implementation Materials," then "Testing & Certification."

That page also contains several other useful links, including:

- L 03-10 HIPAA Mandate letter to Medicaid Providers

- HIPAA Frequently Asked Questions (FAQ) – This page outlines several categories of frequently asked questions

- Companion Guides (formerly Data Clarification Documents) – This link directs you to documents that provide essential details regarding MDCH data requirements for individual transaction sets. Dental care providers should particularly focus on the document titled "Companion Guide for the HIPAA 837 Dental Claims Version 4010A1." This document accompanies the HIPAA implementation guide for the 837D v4010A1 transaction, which may be found at www.wpc-edi.com.

MDCH is recommending a two-stage electronic claim submission testing process, that is summarized as follows:

Stage 1 – Integrity Testing is strongly recommended for all electronic submitters. For those previously registered by MDCH (using the old, proprietary claim format), integrity testing provides the opportunity to test new 837D v4010A1 claims for syntax errors and ensure the transactions are formatted correctly. This is critical, due to the vast difference between our proprietary format and the 837D v4010A1 format. For those seeking to become registered as electronic submitters, this integrity testing provides an easy-to-use environment for judging the adequacy of your 837D v4010A1 claim generation systems and/or service bureaus. MDCH is not in a position to support wide-scale problem diagnosis for transactions that do not pass Stage 1 Integrity Testing. This type of testing should be performed *before* sending any 837D v4010A1 transactions to MDCH.

Stage 2 – Business-to-Business Testing is the process of submitting test files to MDCH for processing though the MDCH test environment. For electronic submitters previously registered by MDCH, this process is encouraged, but not necessarily a required step. (Again, we strongly encourage all electronic submitters to complete Stage 1 Integrity Testing *before* attempting to send test 837D v4010A1 claims to MDCH.) For organizations seeking to become registered as electronic submitters, this *is* a required step, as spelled out in the MDCH Electronic Submission Manual.

The following paragraphs provide more detailed instructions regarding each of the two stages of recommended testing activity.

STAGE 1 – INTEGRITY TESTING

For the 837D v4010A1, MDCH entered into an agreement with Blue Cross Blue Shield of Michigan (BCBSM) that allows Michigan Medicaid trading partners to test electronic claims files using an automated testing tool on the BCBSM web site. There is no charge for this testing service.

Before you can begin integrity testing using the automated testing tool provided by BCBSM, you must first create an account. The process for creating an account, as well as the process for submitting files for analysis, is spelled out on the BCBSM web site, at: www.bcbsm.com/providers/trans_test.shtml.

In summary, you create an account by sending an Email to the BCBSM Administrator, identifying yourself as an organization that wishes to file electronic claims with MDCH. You should receive a User ID and password within 1 or 2 business days. Once you have received your User ID and password, you can login to the site and then begin the process of submitting claims files for analysis. To upload a test file, click Upload File. Use the browse function to locate the file you want to analyze (or type in the full path to that file on your PC) and then click the Upload Now button. (If you have more than one file to analyze, click upload another file and repeat until all files have been uploaded.)

Once the file upload process is complete, click the Analysis Page link on the bottom of the page. Select the file you would like to test by clicking the circular radio button next to the file's name. Use the drop down box to select the desired guideline to be used, then click Analyze. A scrolling "Analysis in Progress…" message will appear in the column labeled Analysis Date. Wait until the analysis is complete, and a notebook icon appears along and the date and time of the analysis, replacing the scrolling message. A summary of the analysis results for that file will be noted in the column marked Status, which will either be:

- A green check mark (the file passed; no errors or warnings),

- A yellow triangle (the file had minor data errors or warnings) or

- A red check mark (the file had fatal error(s)).

To view the detailed results of the analysis, click the notebook icon. Scroll down to see errors and messages, which will be noted by a different color font (blue, green, or red).

You should continue to take advantage of this easy-to-use testing service, using a wide variety of claims, until you are satisfied that your system generates HIPAA-compliant 837D v4010A1 claims.

STAGE 2 – BUSINESS-TO-BUSINESS TESTING

Business-to-Business testing with MDCH is a process that may be used in two different situations:

1. Existing electronic submitters who submit claims to MDCH using the old, proprietary claim format may wish test their ability to transmit v4010A1 837D claim formats to MDCH, after first completing Stage 1 Validation Testing with BCBSM, as described above.

2. Organizations not yet registered to transmit electronic dental claims to MDCH are encouraged to become electronic submitters. That process requires a few preliminary steps, which are outlined in the MDCH Electronic Submission Manual, which may be found at www.michigan.gov/mdch/. Once the agreements have been executed and the organization has been given the access codes and parameters necessary for communicating with MDCH, then the final step in becoming an electronic submitter is the successful completion of claims testing. Organizations seeking to become electronic submitters should also complete Stage 1 Validation Testing *before* submitting claims to MDCH as part of the Stage 2 Business-to-Business Testing process.

Current or prospective electronic submitters may immediately begin submitting test claim files to MDCH, and may continue to submit test claims through September 2003. Electronic submitters are urged to submit a representative sample of up to 100 individual claims. Please send files referencing active Medicaid recipients; do not enter "fake" Medicaid ID numbers. *Test claims are not live claims and will not be paid.*

After the claims file has been received, MDCH will attempt to translate the file and will post a 997

Functional Acknowledgement transaction to the submitter's mailbox. Submitters should check their mailbox for this acknowledgement. If the file is acceptable, the test claims will be loaded into our test claims processing system, which will produce edit reports for our analysis. After we complete our internal review, we will contact you to discuss the results of our test processing, and note whether the claims were properly received and processed. Should significant errors be reported, we will investigate and assess the source of the problem(s). If we are unable to translate the file due to fatal errors or other problems, we will contact you to allow you to investigate and correct those problems. At that point, we will ask whether the test file had been processed successfully by the BCBSM integrity testing service.

Follow the following steps to perform Stage 2 Business-to-Business Testing:

1. Create a test file of 837D v4010A1 claims, using your billing system and EDI software or service bureau. As noted above, that file should include various services, no more than 100 claims, and should reference actual, valid subscriber identifiers, as outlined in the Companion Guide. That file must include an Interchange Envelope, containing various ISA elements as specified in the Companion Guide and/or Implementation Guide. **For the test claims, you must specify a <u>T</u> in the ISA15 segment of the Interchange Envelope.** The Interchange Envelope may contain one or more Functional Groups. For test Dental Claims, you must specify **004010X097A1** in the GS08 segment. For each test file that you create, store the file on your PC or on a shared network location that is easily accessible (e.g., on a mapped drive).

2. To submit the 837D v4010A1 test file, log onto the DEG (Data Exchange Gateway), using the connection information supplied by MDCH, then enter the following information:

   PUT *{your drive\directory\filename}* space 4780T@DCHEDI. [Note: The "T" at the end of the "4780T" is very important in identifying your claims as TEST.] The drive, directory and filename combination should be the full path to the location on your PC (or network) where the file to be tested is located on your computer. The following example illustrates this command:

   PUT C:\CATALOG\testfile.txt 4780T@DCHEDI

   After you have issued the PUT command and the file has been transferred, it should be immediately translated. As noted in the Electronic Submission Manual, you can enter a DIR command, with the name of the file sent, to see the 997 Functional Acknowledgement. You can download that 997 Functional Acknowledgement by entering a GET command; be careful to change the file name for the destination system so the file you sent is not written over, as follows:

   GET 4780T C:\CATALOG\testfile997.txt

3. You must then send an Email, including a contact name and telephone number in your organization, to the following contacts to inform MDCH that a test file has been submitted:

   <Tammie Savage> Savaget@Michigan.gov;

   <Felix Carter> CarterF1@Michigan.gov;

   <Daryl Katalenich> KatalenichD@Michigan.gov;

   <Jim Kunz> KunzJ@Michigan.gov

   Please use a subject line of "837D Test File Submission for DCH00XX," where DCH00XX is your MCDH-assigned electronic submitter ID.

4. MDCH will do a preliminary review of the translated output from your test file. If the file is properly translated, it will be loaded into the test claims processing system. If the test claims are rejected at the translator, we will advise you of problems contained in the file that prevent further testing and will provide guidance to modify the file according to Medicaid or HIPAA Implementation Guide specifications.

5. Once the test file has been accepted, claims will be adjudicated in the test environment, edit reports will be created, and the MDCH test review team will review the results.

6. After review of the test file adjudication has been completed, MDCH will contact you by phone or by Email to communicate our conclusions. We will be available to answer questions that you may have. The entire testing process takes a minimum of 5-10 business days to complete.

The criteria used for evaluating prospective electronic submitters and grant approval for transmission of production 837 v4010A1 claims transactions will vary somewhat, depending on our experience with the individual submitter. In general, we are following the guidelines outlined in the MDCH Electronic Submission Manual. Ideally, a prospective electronic submitter would submit one or more batches of test claims, with the following characteristics:

a. Demonstrated ability to pass initial translation tests successfully, as demonstrated by receipt of a "clean" 997 Functional Acknowledgement transaction.

b. Ability to send a representative sample of claims, totaling at least 50 claims (over one or more tests).

c. Ability to send at least some claims that result in issuance of a payment transaction, through the MDCH test claims adjudication system.

d. Avoidance of an abnormally high percentage of claims that, after processing through the test adjudication system, end up in a "pended" status, requiring further manual effort by MDCH staff.

e. Ability to send at least a few claims that contain properly formatted prior adjudication (Coordination of Benefits – COB) information, with Michigan Medicaid noted as a secondary or tertiary payer.

With the exception of the first bullet point listed above, none of these criteria is an absolute requirement. We recognize that individual circumstances may prevent some prospective electronic submitters from satisfying one or more of these criteria. While satisfaction of these criteria might represent the ideal approach to approval, we are eager to communicate electronically with our trading partners and may well grant approval for production electronic claims transmission without requiring each of these criteria be met.